

CLAIMS ONLY							Application Number 10730459		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend
1							51				
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46							96				
47							97				
48							98				
49							99				
50							100				
Total							Total				
Indep							Indep				
Depend							Depend				
Total							Total				
Claims							Claims				